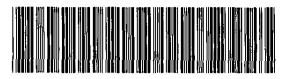
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KEYSTONE RETAINING WALL SYSTEMS LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

absiettache

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ovin, in the state of Florida.				
1. Name of the limited liability co	ompany: KEYSTONE	E RETAINING WALL SYSTI	EMS LLC	
2. (a) Principal office address of (Note: MUST BE STRE		ny: 9025 CENTRE POINTE DRIVE, SU	JITE 400	5-T-1
(NOC. MOST DE STREET NOORESS)		WEST CHESTER, OH 45089		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		9025 CENTRE POINTE DRIVE, SUITE 400		
		WEST CHESTER, OH 45089		
May 29, 2012		M12000003027		
3. Date of filing/registration in Fl	orida	4. Document number		
5. (a) Registered Agent and Reg	istered Office shown or	n the records of the Florida Dept	t. of State:	
Registered Agent:		CT Corporation System	15	JAT 3S
Registered Office Address	:	1200 South Pine Island Road	F. B.	LAH'
		Plantation, FL 33324	9	
			7º 7£	
(b) Enter name of NEW Regis	stered Agent and/or N	EW Registered Office address	: 👼	S
NEW Registered Agent:		National Corporate Research	••	TATE ORID
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		155 Office Plaza Drive		
IMOST BE FLORIDA SI	KEE! ADDKESS)	Tallahassee	,FL 32301	
If the limited liability company is confirmed that after the change or and the business office of the regisliability company, it is hereby con the members of the limited liability the operating agreement of the limited liability. Signature of a member or authorized represerved. Printed or typed name of signce	changes are made, the stered agent will be ide firmed that the change(by company or as otherwited liability company.	Florida street address of the reg ntical. Or, in the case of a Flori (s) was/were authorized by an af wise provided in the articles of o	istered office	
I hereby accept the appointment accomply with the provisions of all sand I am familiar with and accept they are this documents, it hereby confirm that the	as registered agent and tatules relative to the p the obligations of my p ment is being filed to h limited liability compa	l agree to act in this capacity. I proper and complete performant position as registered agent as p nerely reflect a change in the reg nny has been notified in writing o	further agree ce of my dutie rovided for it gistered offic of this change	: 10 25, n e e 2.

Signature of Registered Agent Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)